

**FEE PAID**

For Ecology Use

Fee Paid 10Date 04 May 04

# State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

**RECEIVED**  
MAY 04 2004  
DEPT OF ECOLOGY**Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM**

Name Frank & Teresa Campbell Home Tel: 360 661 7339  
Mailing Address 20384 Alger Cir Ln Work Tel: 360 421 5282  
City Sedro Woolley State WA Zip+4 98284-7651 FAX: 360 724 0342

**Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION**☐ Same as above

Name NA Home Tel: ( ) -  
Mailing Address NA Work Tel: ( ) -  
City NA State NA Zip+4 NA + FAX: ( ) -  
Relationship to applicant \_\_\_\_\_

**Section 3. STATEMENT OF INTENT**

The applicant requests a permit to use not more than 10 ~~gallons~~ gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☒ groundwater source (check only one) for the purpose(s)  
of gardens for commercial use. ATTACH A "LEGAL"  
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not  
sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 624 gal per sq ft per yr☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:From    /    /    to    /    /   **Section 4. WATER SOURCE**

IF SURFACE WATER						IF GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for _____ well(s).		
Number of diversions: _____						<u>NA</u> (existing well)		
Source flows into (name of body of water):						Size & depth of well(s): <u>X SAND POINT WELL</u>		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>Total growing area is 1/3 acre from the well: 75ft</u>								
% of	% of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE</u>	<u>NE</u>	<u>7</u>	<u>35</u>	<u>4E</u>	<u>Skagit</u>	<u>1</u>		
For Ecology Use Date Received: <u>5/4/2004</u> Priority Date: <u>5-4-2004</u>								
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #								
Date Accepted As Complete By <u>DB</u> Date Returned By <u>  </u> WRIA: <u>3</u>								

Appl. No.: 61-28209



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: \_\_\_\_\_
- B. Briefly describe your proposed water system. (See instructions.)  
Existing Sand Point well to provide water for plantings on  $\frac{1}{3}$  acre of ground  
Total of three hydrants to be used which are connected to existing Sand point well
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.) NA

- A. Number of "connections" requested: 0 Type of connection \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 1/3
- B. List total number of acres for other specified agricultural uses:  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_
- C. Total number of acres to be covered by this application: 1/3
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application; 1/3  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

APPLICATION

### Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Access Cook Road from I-5 N. of Burlington exit  
Turn immediately Left on Old Highway 99 N. Go 2 1/2 miles  
North to 2129 Old Highway 99. Property is on the  
RHSide. There is no well log registered for this property.

### Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

### Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Teresa L. Campbell  
Applicant (or authorized representative)

Date

4-28-04

(Same)  
Landowner for place of use (if same as applicant, write "same")

Date

APPLICATION



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice)  
or (360) 407-6006 (TDD).

**APPLICATION**

State of Washington  
Application for a Water Right

Attachment:

SECTION 3: Statement of Intent. The legal description of the property is as follows:  
T 35N R 04E, Lot 1 Wiedkamp Acres, according to the plat thereof,  
recorded I Vol. 15 of Plats, page 129, records of Skagit County, WA.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
**WATER BACTERIOLOGICAL ANALYSIS**

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDEN ROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED		TIME COLLECTED		LOCATION NAME	
MONTH	DAY	YEAR	AM	PM	
04	23	03			Skagit
TYPE OF SYSTEM					
<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER <input type="checkbox"/> FLOOD SYSTEM COMPLETE					
NAME OF SYSTEM					
Sand point well					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED			TELEPHONE NO.		
bathroom Faucet			DAY (360) 757-0618		
SAMPLE COLLECTED BY: (Name)			SYSTEM OWNER NAME: (Name)		
Jeanne Johns			Bill & Jeanne Johns		
SOURCE TYPE					
<input type="checkbox"/> SURFACE <input type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERMEDIATE <input type="checkbox"/> COMBINATION of OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code)					
Bill & Jeanne Johns					
935 E. Gillette Rd					
Burlington WA 98233					
TYPE OF SAMPLE (check only one in this column)					
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment <input type="checkbox"/> CHLORINATED (Residual) <input type="checkbox"/> FILTERED <input type="checkbox"/> UNCHLORINATED <input type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence Lab #					
<input type="checkbox"/> RAW SOURCE WATER Source # <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify)					

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS			
<input type="checkbox"/> UNSATISFACTORY, Coliforms present		<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent	
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent		
OTHER LABORATORY RESULTS			
TOTAL COLIFORM	/100 ml	E. COLI	/100ml
FECAL COLIFORM	/100 ml	PLATE COUNT	/ml
ANOTHER SAMPLE REQUIRED			
SAMPLE NOT TESTED BECAUSE:		TEST UNSUITABLE BECAUSE:	
<input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form		<input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)	DATE, TIME RECEIVED	RECEIVED BY
3001306	4-22-03 1430	
DATE REPORTED	LABORATORY	LABORATORY
4-23-03	SKAGIT COUNTY HEALTH DEPT.	County Administration Bldg.



# SKAGIT COUNTY

6	5	4	3	2	1
7	8	9	10	11	12
18	17	16	15	14	13
19	20	21	22	23	24
30	29	28	27	26	25
31	32	33	34	35	36

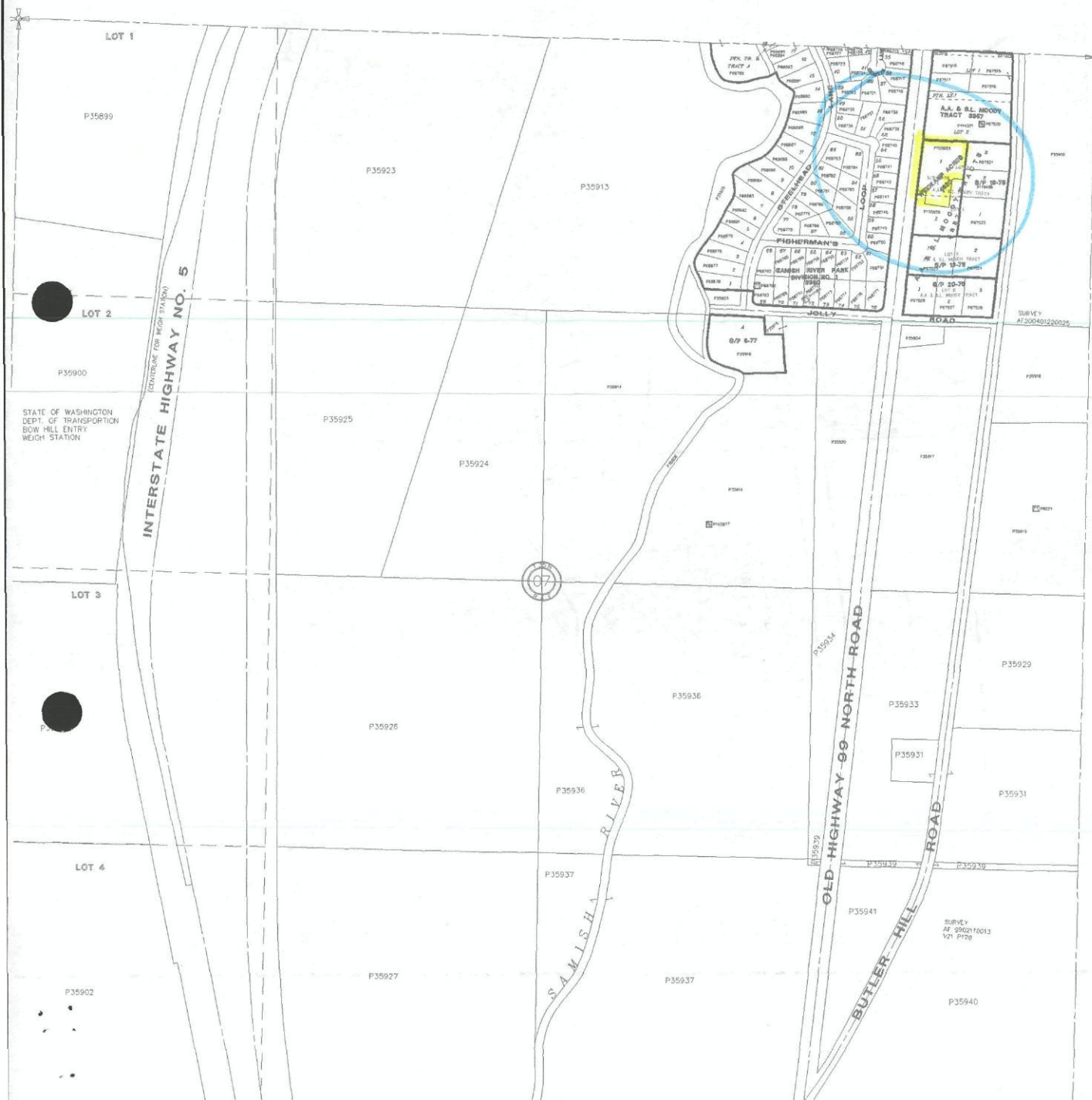
T 35 N R 04 E



These maps were created from available public records and existing map sources, not from field surveys. Map features from all sources were adjusted to achieve a "best fit" registration to the Ownership Parcels map. While great care was taken in this process, maps from different sources rarely agree as to the precise location of geographic features. The relative positioning of map features to one another results from combining different map sources without field "ground truthing".

\* THIS MAP IS NOT A SUBSTITUTE FOR FIELD SURVEY \*

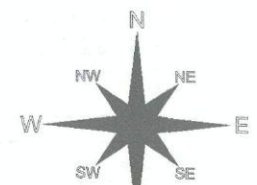
	DATE	INIT.
DRAWN BY	5/4/92	KB
REVISED	02/24/04	RS
PLOTTED	02/24/04	RS
MAP PRODUCED BY SKAGIT COUNTY MAPPING SERVICES		



# SKAGIT COUNTY

6	5	4	3	2	1
7	8	9	10	11	12
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19	20	21	22	23	24
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31	32	33	34	35	36

T 35 N R 04 E



P35923

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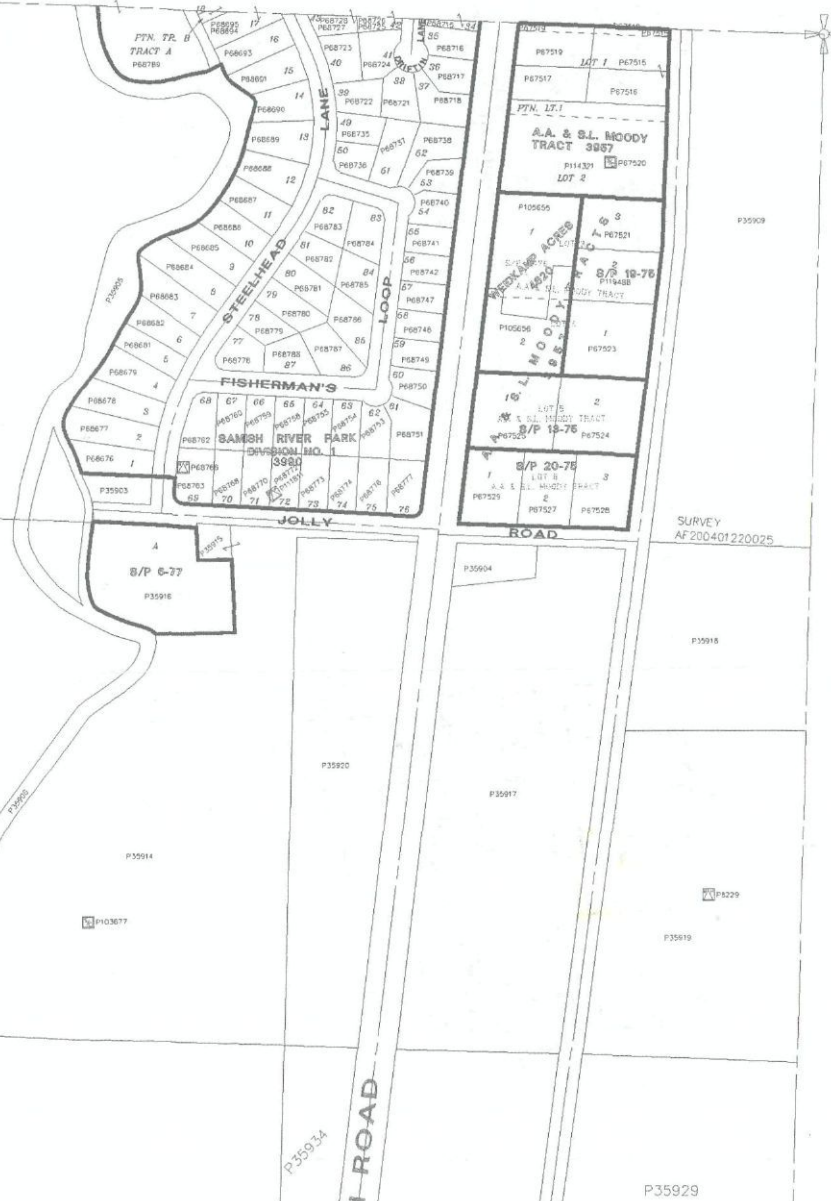
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JOLLY ROAD

SURVEY  
AF200401220025



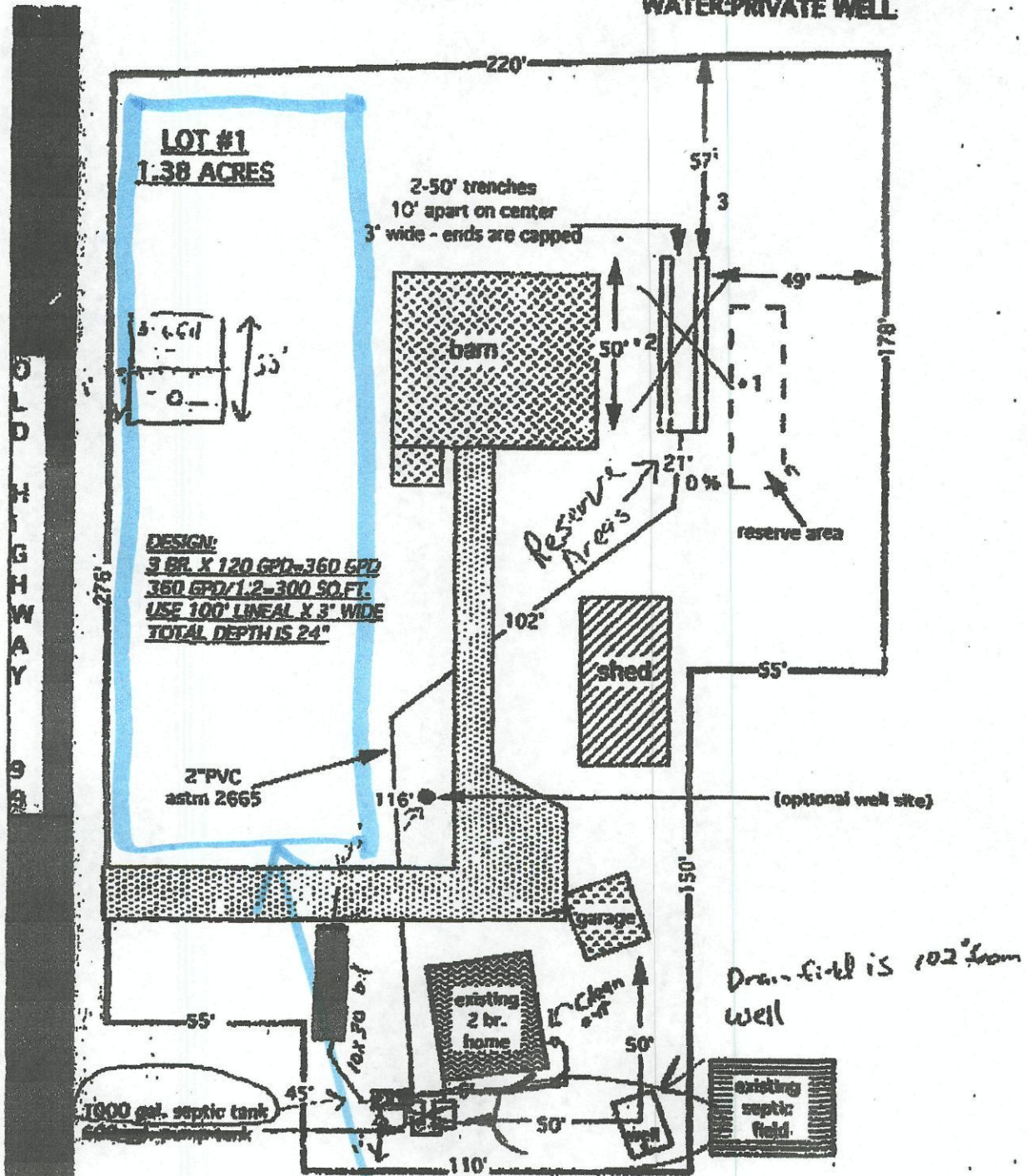


Linda L. Boudreau  
CERTIFIED DESIGNER  
ON-SITE SEWAGE  
SKAGIT COUNTY  
SKAGIT SEPTIC SYSTEMS

PATRICIA V. [unclear]  
3957-000-006-0001  
SKAGIT SEPTIC SYSTEMS  
page 2 of 4



SCALE: 1" = 40'  
WATER: PRIVATE WELL



area to be used for growing  
so will be watered